## The Idaho Nursing Workforce

2020 Report on the Current Supply,
Education and Future Employment
Demand Projections



A healthy Idaho begins with nurses...

Completed by

**The Idaho Nursing Workforce Center** 

at the Idaho Center for Nursing

#### October 2020

This biennial report on the status of the Idaho nursing workforce was produced by the Idaho Nursing Workforce Center at the Idaho Center for Nursing (ICN). The ICN is the official Idaho representative to the National Forum for State Nursing Workforce Centers. The forum collaborates with each state workforce center and the National Council of State Boards of Nursing to monitor the current status of the national and state specific supply of Licensed Practical Nurses, Registered Nurses, and Advanced Practice Registered Nurses in each of the roles of nurse anesthetist, nurse practitioner, nurse midwife and clinical nurse specialist.

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The report is available on-line at the ICN websites:

https://idahocfn.nursingnetwork.com/page/95140-idaho-biennial-nursing-workforce-report-november-2020

The next biennial report will be published in fall 2022.

Respectfully Submitted,

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## 2020 Report

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#### **Executive Summary**

This summary presents outcome findings and discussions from the information gathered about the 2020 Idaho Nursing Workforce using multiple data sources. The report is presented as Supply Data, Education Data, Employment Demand Data, and Summary Findings and Recommendations.

#### **2020 Nurse Supply Data**

#### **RN & LPN**

- There are 27,010 RNs licensed in Idaho, including 2,711 APRNs. Removing APRNs and non-residents, there are 18,387 RNs for the nursing workforce, which is 611 fewer RNs than in 2018. Of this number, approximately 1,000 are not employed and not seeking employment.
- There are 3,716 LPNs with active licenses and 3,094 are Idaho residents, and approximately 200 are not employed and 622 are not residents.
- Every county has resident RNs and LPNs except Clark County, which does not have any RNs, and Camas County does not have LPNs.
- The greatest number of nurses in all categories reside in Ada and Canyon Counties, with 1,093 LPNs, representing 32% of all LPNs, and 8,301 RNs, representing 45.1% of all RNs.
- A projected shortage of RNs ranges between 106-523 annually until 2024.

#### Nurse Practitioners (separated because we educate NPs in Idaho)

- There are 1,400 Nurse Practitioners. Every county except Clark and Camas has NPs. 64% of NPs identify their practice site as urban (Treasure Valley or Coeur d'Alene).
- 1,335 NPs identified themselves as primary care providers in a clinic setting. In Idaho, 1,738 physicians identify themselves as primary care providers. Thus, 43.4% of primary care providers statewide are NPs. If the Treasure Valley is removed (602 Primary care NPs, 894 physicians), then 46.5% of primary care in rural Idaho is provided by a NP.

(source: Idaho Boards of Medicine & Nursing; NPI survey)

#### CRNA, CNM, & CNS

- There are 433 CRNAs living in Idaho. They are located in all districts of Idaho, with the largest number in Ada County.
- There are 69 Nurse Midwives in Idaho.
- There are 40 Clinical Nurse Specialists in Idaho.

#### **Demographic Information:**

- 29% of RNs are age 55 or more, including 3% older than 65 years.
- Ages 20-34 represent 17.8% of RN workforce.
- Educationally, 77.45% of RNs have a BSN or higher degree, which exceeds the national average of 60%.

#### 2020 Educational Data for Schools of Nursing

- RN graduation numbers remain constant at 750-825 annually statewide.
- LPN graduation numbers remains constant at near 130 annually statewide.
- Limitations on increasing student enrollment result from limited clinical facilities and difficulty hiring qualified faculty because salaries cannot compete with industry, which is the number 1 hiring barrier.
- All schools report more qualified student applicants than they can accept.
- All schools continue planning to increase enrollments and graduations.
- All schools maintain accreditation and are meeting the goals for first time
   NCLEX pass rates, and Board of Nursing approvals.

#### **2020 Nurse Employment Demand Data**

- All hospital, long term care and assisted living facilities reported ongoing and sporadic RN and LPN vacancies from a lack of applicants in 2019-2020.
- Idaho ranks lower, 6<sup>th</sup> place, in terms of salaries compared to the surrounding states. Only rural Washington, rural Nevada, Wyoming and Montana pay less than Idaho. In 2018 Idaho ranked 3rd.
- 64% of hospitals reported using Agency Travel Nurses in 2019-2020.

- Three common shortage areas for experienced RNs are Operating Room, Emergency Departments, and Intensive Care Units.
- 62% of Idaho hospitals offer some form of tuition reimbursement for RN to BSN, which is a decrease from 2018's 82%.
- Chief Nursing Officer most frequently reported length of time in the role at a hospital is 2.8 years or less. In Long Term Care, the CNO average was 1.8 years with the most commonly reported length of time being 1 year or less.
- 77% of CNOs have administrative responsibility for non-nursing areas.
- Long Term Care facilities report ongoing and high percentages for RN and LPN shortages.
- Travel LPN use is reported in Long Term Care.

#### **2020 Mitigation Strategy Summary:**

- Increasing student enrollment and clinical partnerships with organizations that employ nurses is essential to sustain the workforce.
- Developing joint appointment faculty so that qualified nurses in agencies can remain employed while being freed for time to serve as clinical faculty to assist schools with increased enrollments should be considered to sustain the nursing workforce.
- Non-traditional clinical hours need to be utilized with cooperative clinical placement use between disciplines (PT, OT, technical) and schools for maximum utilization coordination.
- The State Board of Education, Universities and Schools of Nursing need to focus on mechanisms to increase faculty salaries to be competitive with salaries paid in other sectors that employ nurses.
- Programs need to be developed that promote nurses to seek rural employment such as student loan repayments and enhanced employee benefits.
- Employers need to focus on retention efforts for incumbent staff.

#### Introduction

The Idaho Nursing Workforce Report is published every two years. The report is produced by the Idaho Nursing Workforce Center that is a part of the Idaho Center for Nursing (ICN) which was formerly the Idaho Alliance of Leaders in Nursing. ICN maintains a contract with the Idaho Board of Nursing to collect, analyze and publish the report. The Idaho Nursing Workforce Center is the official member representative for Idaho to the National Forum for State Nursing Workforce Centers.

The report is used by multiple sources that need current and future nursing workforce data to plan or expand new or existing programs. These include educational institutions for nursing education program planning, local Idaho communities when evaluating available nursing services that impact local healthcare access, agencies that employ nurses to determine an available workforce supply, and by researchers and legislators who use the data to impact public policy.

The report is divided into three main components: Supply, Education and Employment Demand. (1) SUPPLY information details the geographic distribution in Idaho and demographics of currently licensed nurses, including Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Practice Registered Nurses (APRN) in each of the four APRN roles of certified nurse practitioner (CNP), certified registered nurse anesthetist/anesthesiologist (CRNA), clinical nurse specialist (CNS) and certified nurse midwife (CNM). Topics that impact workforce supply, such as nurse age, retirement expectations, nurse migration and Idaho's population growth are discussed. (2) EDUCATION information details the graduation numbers from Idaho based schools of nursing for LPNs, RNs and APRNs. (3) EMPLOYMENT DEMAND information is gathered from employers about current vacancies and future need projections for nurses by hospitals, long term care, assisted living, home health, hospice, public health, public school health nurses, schools of nursing faculty, and private practices. Employment Demand data also addresses benefits for nurses and the impact of competition from surrounding states to recruit Idaho nurses.

Data sources used to gather and analyze nursing workforce information and trends are (1) historical Idaho nursing workforce data, (2) the Idaho Board of Nursing current nursing licensure database, (3) the school report from each Idaho based

nursing education program on current students and graduates, (4) data reported by employers of nurses about numbers and need projections and (5) data used for national comparisons, nurse migration, census and national workforce projections that come from state and federal agencies, the National Council of State Boards of Nursing, and the National Forum for State Nursing Workforce Centers.

## 2020 Nurse Supply Data

#### Overview of supply data sourcing and related issues

Supply data represents the number of LPNs, RNs and APRNs who hold active licenses in Idaho. The primary data source for supply numbers comes from the Idaho Board of Nursing's nurse license database for September 1, 2020. Numbers reported represent a point in time because the database is updated daily with new license applications, reported updates from nurses and nurse deaths. The database includes nurses who reside both in Idaho and in other states and whether they are employed as a nurse or not.

Idaho license renewal for incumbent nurses occurs on a two-year license renewal cycle with the renewal date ending August 31. LPNs renew in even years and RNs and APRNs renew in odd years. This is the time when the majority of updates are made to addresses, education level changes, employment status and other demographic data.

Secondary Supply Data sources are the membership rosters from professional nursing organizations that detail demographic items of ethnicity, education and employment data reported by individual nurses.

A third Supply Data source is the annual nursing survey that all nurses can complete on a voluntary basis. In 2020, survey tool access information was sent to all licensed nurses with a return response rate of 47.5%.

**Nurse Licensure Compact Impact:** Idaho has belonged to the LPN and RN Nurse Licensure Compact since 2004. The Compact offers a nurse who lives in a Compact participating state the privledge to practice in another state that also

belongs to the Compact without obtaining an additional license. The nurse must maintain an unencumbered active license in the state of their residence that belongs to the Compact to have this privledge. The Compact goal is to increase nurse portability and to decrease issues that arise from duplicate licenses such an inflated national nursing workforce count.

Idaho is impacted by the Compact in three ways. (1) Travel Nurses who accept temporary assignments through their Travel-Nurse Employers that are contracted by an Idaho based agency do not have to obtain an Idaho nursing license if their home state participates in the Compact. In 2019 and 2020, eleven hospitals reported the use of multiple Travel-Nurse Agency nurses. Additionally, Montana, Wyoming and Utah participate in the Compact and a limited number of their nurses work in Idaho. There are RNs from Utah who live in communities that border south-east Idaho and who are regular employees of Idaho hospitals. (2) After implementation of the Affordable Care Act (ACA) there was an increase in the use of RN case managers by insurance companies located in non-compact states and many case managers obtained Idaho RN licenses because they managed Idaho patients. This resulted in increased numbers of licensed nurses who are non-residents, and it increased the revenue to the Board of Nursing through license fees. (3) At the same time, there was a small loss of revenue from the nurses who temporarily worked in Idaho from Compact states. Monitoring this impact over the years has determined this to be a minimal loss. However, should Washington state join the compact there could be a significant revenue loss to the BON because 1,760 Washington nurses now pay for an Idaho license.

#### National and region nurse supply impact

The Northwest is the fastest growing region in the U.S. Population growth, the aging nursing workforce, and the limited expansion of nursing education programs in this region results in increased and more aggressive recruiting efforts from within the region. Of Idaho's border states, both Washington and Oregon offer nurses employment opportunities in large medical centers affiliated with medical schools and generally higher salaries, even when cost of living is considered. Historically, about 100 new graduate nurses migrate out of Idaho

annually for a variety of reasons such as returning home, graduate education, family or a desire to work in a larger medical center.

## Methodology to calculate the available resident Idaho nursing workforce

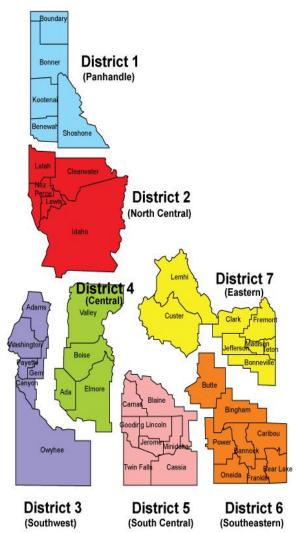
The Board of Nursing license database lists all nurses with an active license in Idaho, regardless of their residence. To obtain a valid number of nurses available to work in Idaho in non-APRN roles, nurses who did not have an Idaho zip-code were removed from the count. Border counties that may have nurses who work in Idaho were identified, namely those bordering on Lewiston, Moscow and Coeur d'Alene. Additionally, all APRNs are required to maintain an RN license as a basis for their advanced nursing practice. Thus, all APRNs were removed from the RN count because they do not function in a traditional RN role.

**Table ONE: Distribution of Total Idaho Licensed Nurses by Border State and Category** 

Resident	LPN	RN	APRN-	APRN-	APRN-	APRN-
Location			CNP	CRNA	CNM	CNS
Idaho	3094	20329	1401	429	67	38
Military	13	11	0	0	0	0
Washington **	108	1453	146	46	4	3
Oregon**	44	420	28	10	1	0
Nevada**	11	129	16	2	0	0
Utah**	0	16	84	12	2	1
Wyoming**	0	6	5	4	2	0
Montana**	0	9	13	8	0	0
Other States	443	1905	330	48	3	7
Foreign	2	21	1	0	0	0
Total Licensed	3716	24299*	2024	559	79	49

<sup>\*</sup>RN license numbers do not include APRNs, who do not regularly work in RN roles. \*\* Border states with Idaho; with Washington having the most residents working in Idaho, mostly in Lewiston, Moscow and Coeur d'Alene.

### **Geographic Distribution of Nurses Throughout Idaho**



The Idaho Department of Health & Welfare district geographic chart is used to assess the geographic distribution of all categories (LPN, RN, NP, CRNA, CNS, CNM) of nurses who reside in Idaho.

A key point from assessing the data is that in each region the majority of nurses are clustered around the largest city in the region.

All regions in Idaho have a school of nursing that prepares both RNs and LPNs.

Table TWO: 2018 & 2020 Comparison of LPN & RN Distribution by Idaho County

County	LPN 2018	LPN 2020	RN 2018	RN 2020
,		District ONE		
Boundary	26	24	86	82
Bonner	66	72	413	396
Kootenai	293	334	2144	2005
Benewah	20	19	59	51
Shoshone	17	19	71	74
Total	422 (14%)	468(13.8%)	2733 (15%)	2608 (14.2%)
		District TWC	)	
Latah	25	35	314	297
Clearwater	14	15	108	108
Nez Perce	76	84	605	572
Lewis	5	6	56	49
Idaho	13	17	118	105
Total	133 (4%)	157 (4.6%)	1201 (6%)	1131 (6.2%)
		District THRE	E	
Adams	2	4	21	17
Washington	17	17	59	62
Payette	37	37	171	156
Gem	33	35	156	158
Canyon	334	375	1689	1751
Owyhee	9	10	51	51
Total	432 (14%)	478 (14.1%)	2147 (11%)	2195 (11.9%)
		District FOUF	₹	
Valley	9	10	126	125
Boise	11	13	48	53
Ada	642	718	6898	6550
Elmore	44	46	141	129
Total	706 (23%)	787 (23.2%)	7211 (38%)	6857(37.3%)
		District FIVE		
Twin Falls	252	273	1038	994
Camas	0	0	11	13
Blaine	15	16	185	176
Gooding	27	28	86	77
Lincoln	15	14	26	27
Jerome	64	65	157	154
Cassia	34	34	161	169
Minidoka	45	50	142	134
Total	452 (15%)	480 (14.1%)	1806 (9.5%)	1744 (9.5%)

County	LPN 2018	LPN 2020	RN 2018	RN 2020
		District SIX		
Butte	6	10	19	13
Bingham	127	145	419	396
Power	15	16	31	30
Bannock	226	246	987	948
Caribou	25	28	62	66
Bear Lake	22	24	58	54
Franklin	32	37	82	89
Oneida	11	17	46	43
Total	464 (15%)	523 (15.4%)	1704 (9%)	1639(8.9%)
		District SEVE	N	
Lemhi	27	35	83	70
Custer	6	7	22	16
Clark	33	7	1	0
Fremont	38	42	87	87
Madison	32	41	374	415
Jefferson	69	73	325	325
Bonneville	267	284	1215	1198
Teton	13	14	89	102
Total	485 (15%)	503 (14.8%)	2196 (11.5%)	2213 (12%)
State Total	3094	3396	18,998	18,387

Note that APRNs are required to hold an RN license in addition to their APRN license and in this table, the 2020 RN count does not include APRNs because, although they have a RN license, they do not commonly function in a RN role.

#### **Licensed Practical Nurses**

The number of LPNs licensed in Idaho has basically remained constant over the past 22 years with the exception of the mid-2000s when 2 phenomena occurred, (1) Carrington College opened a LPN program in Boise and (2) it became evident that Idaho hospitals, following national trends, were no longer hiring larger numbers of LPNs. (Table 3). However, the past 2 years showed a decrease in LPN supply. An average of 200 LPNs annually have licenses but are not actively employed as nurses. Some of these nurses may work in fields outside of nursing, but many have left the workforce to raise families, return to school or their economic situation does not require them to work.

Unlike the RN workforce, the LPN workforce is not mobile. A review of license zip codes over the past 15 years shows that most LPNs remain in the same zip code. Communities that have an LPN education program continue to have a larger supply of LPNs. The biggest LPN shortage is reported in southwest Idaho because of the increased demand from Long Term Care and the limited new LPN graduates to meet new demand and replace retirements. The number of LPNs licensed and living in Idaho versus LPNs licensed and not Idaho residents is small (Table 4).

The LPN workforce is also impacted by a greater number of younger graduates that continue their education and enter RN programs, either through a LPN to RN track in programs that only admit LPNs to their RN program, or by getting an advanced placement credit for their LPN experience.

22 Year LPN Supply 

Table THREE: 22 Year Idaho Historical LPN Supply

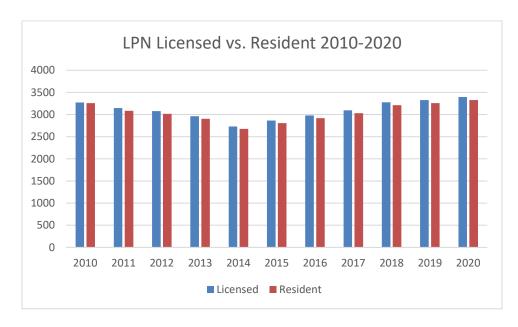


Table FOUR: 10 Year Total LPN License vs LPN Idaho Resident

#### **Registered Nurses**

The number of RNs licensed in Idaho has continually increased over the past 20 years (Table 5). This increase can be attributed to (1) schools gradually increasing enrollments and graduations, (2) new schools opening in Idaho, and (3) the implementation of the Affordable Care Act that increased numbers of case management RNs from non-Compact states requiring that they obtain an Idaho license to provide these services.

Historically, there has been a constant number of nurses who are licensed but who are not actively employed as nurses. Nurses who stop working commonly retain and renew their licenses, thus remaining in the current supply count. The 2013, 2015 and 2018 reports demonstrate that the number of non-employed RNs ranged between 950-1050 annually.

Effective with the 2020 LPN and the 2021 RN license renewals, a nurse must demonstrate continued competency to renew their license. Thus, we can expect some non-working nurses not to renew their licenses.

Table 6 shows the comparison between 2018 and 2020 RN distribution by Idaho Region. During these 2 years there has been an 8% decrease (1,704 RNs) of RNs living in rural communities. At the same time there has been a migration of Idaho nurses to the Treasure Valley, although the higher number of retirements in the Ada and Canyon Counties shows that even with nurse migration into the area, there are 611 fewer RNs overall in 2020 than in 2018.

Table FIVE: 2018 & 2020 Comparison

## RN Distribution by Idaho Region Showing Migration from Rural Communities to Larger Regional Towns and Treasure Valley

Region (H&W designated districts)	2018 RN	2020 RN
Region ONE-North Idaho	2733 (15%)	2608 (14.1%) (77.6% in CdA)
Region TWO- North Central	1201 (6%)	1131 (6.15%) (55% in Lewiston)
Region THREE-South West	2147 (11%) (1689 in Nampa)	2195 (11.9%) (84% in Nampa)
Region FOUR-BOISE	7211 (38%)	6857 (37.3%) (89% in Boise City)
Region FIVE-South Central	1806 (9.5%)	1744 (9.4%) (56% in Twin Falls)
Region SIX-South East	1704 (9%)	1639 (8.9%) (68% in Pocatello)
Region SEVEN- Eastern	2196 (11.5%)	2213 (12.25%) (60% in Idaho Falls)
Total RN (excludes APRNs)	18,998	18,387
Total RURAL RN	6,459 (34%)	4,755 (26%)*

<sup>\*</sup> Significant migration of nurses: 45.5% of all RNs live in Treasure Valley and in rural areas they are primarily centered in one larger city in each region.

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Table SIX: 21 Year Total RN License vs RN Idaho Resident

#### **2020 Advanced Practice Registered Nurses**

Idaho follows national standards for the education, regulation and practice standards for the 4 roles of Advanced Practice Registered Nurses (APRNs). The roles are Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist/Anesthesiologist (CRNA), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS), and are regulated by the Board of Nursing.

Idaho only has APRN programs to educate CNPs, so the CRNA, CNM and CNS workforce must be imported into Idaho, or Idaho nurses need to leave Idaho to obtain this education and return to work in Idaho.

Idaho has been a Full Practice Authority state since 2003.

Table SEVEN: 2018 & 2020 APRN Comparison by Region & County

County by	CNP-	CNP-	CRNA-	CRNA-	CNM-	CNM-	CNS-	CNS-
Region	2018	2020	2018	2020	2018	2020	2018	2020
Boundary	3	4						
Bonner	33	40	5	5				
Kootenai	140	163	46	53	8	11		2
Benewah	4	5						
Shoshone	3	6						
Total	183	218	51	58	8	11	0	2
Latah	15	22	7	7	3	4	2	2
Clearwater	3	3	1	1				
Nez Perce	44	44	8	7		2		
Lewis	8	5						
Idaho	6	5	4	7				
Total	76	79	20	22	3	6	2	2
Adams	4	5						
Washington	4	6	1	1				
Payette	7	12	6	6	1	0		
Gem	7	5	4	2				
Canyon	57	89	16	17	4	3	3	2
Owyhee	4	4				1		
Total	83	121	27	26	5	4	3	2
Valley	3	5	5	5				
Boise	4	3						
Ada	506	599	163	175	26	30	28	28
Elmore	6	7	3	2				
Total	519	614	171	182	26	30	28	28
Twin Falls	59	73	30	32	1	1		1
Camas	0	0						
Blaine	9	9	6	8	1	0		
Gooding	6	6						
Lincoln	1	2						
Jerome	9	9	3	3	1	1		
Cassia	10	10	6	7				
Minidoka	9	6	1	0				
Total	103	115	46	50	3	2	0	1
Butte	3	4					1	1
Bingham	20	22	12	16	1	1		
Power	3	3						
Bannock	67	75	15	17	3	4	3	3
Caribou	3	3	2	2			1	0

County by	CNP-	CNP-	CRNA-	CRNA-	CNM-	CNM-	CNS-	CNS-
Region	2018	2020	2018	2020	2018	2020	2018	2020
Bear Lake	2	1	3	3				
Franklin	3	4	3	3				
Oneida	5	4		1				
Total	106	116	35	42	4	5	5	4
Lemhi	6	7	2	3				
Custer	3	2						
Clark	0	0						
Fremont	5	5	1	1				
Madison	10	16	8	9	3	2		
Jefferson	11	14	4	6				
Bonneville	64	86	26	32	4	7		
Teton	7	7	2	2	_	2	_	1
Total	106	137	41	53	7	11	0	1
State Total	1086	1400	391	433	56	69	38	40

#### IDAHO APRN SELF-REPORTED DATA

Each licensed APRN was surveyed specific to their role [CNP, CRNA, CNM, CNS] in 2020. Data is reported by role. Each APRN received two mailings using an Idaho Board of Nursing mailing list of licensees. The mailing explained the workforce survey need and provided a web-based link to survey monkey for tool completion. Overall response rate for 1942 APRNs who were Idaho residents was 68.8%

#### **Certified Nurse Practitioners-CNP**

- 1. CNPs report the following years of CNP clinical experience.
  - a. Less than 3 years = 19%
  - b. 3 to 6 years =17%
  - c. 7 to 10 years = 16%
  - d. 11 to 15 years = 12%
  - e. More than 15 years = 36%
- 2. CNPs report the following years of experience as an RN before becoming CNPs.
  - a. 0 years, graduated as direct NP= 2%

- b. 1 year or less= 1%
- c. 1 to 3 years = 8%
- d. 3 to 5 years = 14%
- e. More than 5 years = 75%
- 3. CNPs report their national certification provider.
  - a. American Nurses Credentialing Center [ANCC] = 40%
  - b. American Association of Nurse Practitioners [AANP] = 54%
  - c. Other [i.e. Women's Health] = 6%
- 4. CNPs report their CNP education program credential used for original license.
  - a. Master's degree = 77%
  - b. Post Master's degree certificate = 9%
  - c. Doctor of Nursing Practice = 13%
  - d. Bachelor's with certificate = 1%
- 5. CNPs report graduation from 62 different programs in the United States for their CNP education for original license. CNP programs represented most frequently in the responses:
  - a. Idaho State University = 13%
  - b. Gonzaga University = 11%
  - c. University of Utah = 9%
  - d. Frontier University = 5%
  - e. Oregon Health Science University = 3%
  - f. University of Washington = 2%
  - g. All other universities = 57%
- 6. CNPs report their highest level of education.
  - a. Master's Degree in Nursing = 76.5%
  - b. Doctor of Nursing Practice [DNP] = 20%
  - c. Doctor of Philosophy [PhD] = 2%
  - d. Doctor of Education [EdD] = 1.5%
- 7. CNPs report holding an active CNP license in another state.
  - a. Yes = 47%
  - b. No = 53%
- 8. CNPs report holding an active CNP license in a surrounding state.

- a. Washington = 19%
- b. Oregon = 8.3%
- c. Nevada = 2.4%
- d. Utah = 5.6%
- e. Wyoming = 2%
- f. Montana = 3%
- g. None of these = 59.7%
- 9. CNPs primary site of employment report.
  - a. Employed by an Idaho based health system = 48.5%
  - b. Employed by a physician = 15%
  - c. Employed by state government = 11%
  - d. Employed by federal government [incl VA & Indian Health] = 5.8%
  - e. Employed active military = 2%
  - f. Employed by Idaho based School of Nursing = 4%
  - g. Employed in Long Term Care = 4%
  - h. Independent Practice = 2.7% [38 individual CNPs reported]
  - i. Not employed as CNP = 7%
- 10. CNPs report employment status.
  - a. Full time = 63%
  - b. Part time = 29%
  - c. Not employed = 8%
- 11. CNPs that are employed as CNPs report employment setting.
  - a. Rural community = 34%
  - b. Urban Idaho = 66%
- 12. Seven CNPs reported that they were the only provider in their rural community.
- 13. Hospital admitting privileges.
  - a. 19% of CNPs report they have hospital admitting privileges.
  - b. 23% of CNPs report they can admit to the hospital in collaboration with a physician.
  - c. 58% of CNPs do not have hospital admitting privileges.
- 14. CNPs not employed by a hospital report that 42% can see and treat patients in the hospital in collaboration with a physician.

- 15. DEA and Controlled Substance licenses are held by 94% of CNPs.
- 16. CNPs report seeing more chronic pain patients today than one year ago.
- 17. CNPs report seeing more mental health patients than one year ago.
- 18. CNPs report plan to be practicing in Idaho in 5 years, which is consistent with 2018 data.
  - a. Yes = 77%
  - b. No = 23%

#### **Certified Registered Nurse Anesthetists-CRNA**

- 1. CRNAs report the following years of CRNA clinical experience.
  - a. Less than 3 years = 18%
  - b. 3 to 6 years =16%
  - c. 7 to 10 years = 4%
  - d. 11 to 15 years = 2%
  - e. More than 15 years = 60%
- 2. CRNAs report the following years of experience as an RN before becoming CRNAs.
  - a. 1 year or less= 7%
  - b. 1 to 3 years = 30%
  - c. 3 to 5 years = 23%
  - d. More than 5 years = 40%
- 3. CRNAs report their national certification provider.
  - a. NBCRNA = 49%
  - b. AANA = 51%
- 4. CRNAs report CRNA education program credential used for original license.
  - a. Master's degree = 85%
  - b. Post Master's degree certificate = 2.5%
  - c. Doctor of Nursing Practice= 12.5%
- 5. There is no CRNA education program in Idaho. CRNA programs that are represented most frequently in the responses:
  - a. Gonzaga University = 6%
  - b. All other universities = 94%
- 6. CRNAs report their highest level of education.

- a. Master's Degree in Nursing or Anesthesia = 85.5%
- b. Doctor of Nursing Practice [DNP] = 14.5%
- 7. CRNAs report holding an active CRNA license in another state.
  - a. Yes = 45%
  - b. No = 55%
- 8. CRNAs report holding an active CRNA license in a surrounding state.
  - a. Washington = 20%
  - b. Oregon = 10.5%
  - c. Nevada = 0%
  - d. Utah = 2%
  - e. Wyoming = 2%
  - f. Montana = 0%
  - g. None of these = 65.5%
- 9. CRNAs report their employment.
  - a. Employed by an Idaho based health system = 18%
  - b. Employed by a physician anesthesia group = 28%
  - c. Employed by federal government [incl VA & Indian Health] = 8%
  - d. Employed active military = 0%
  - e. Independent Practice = 46%
  - f. Not employed as CRNA = 0%
- 10. CRNAs report employment status.
  - a. Full time = 72%
  - b. Part time = 28%
- 11. CRNAs report employment community setting.
  - a. Rural community = 27%
  - b. Urban Idaho = 73%
- 12. Two CRNAs reported that they were the only anesthesia provider in their rural community.
- 13. 26% CRNAs report that only CRNAs provide anesthesia services in their community.
- 14. CRNAs report that they plan to be practicing in Idaho in 5 years and are current Idaho residents.
  - a. Yes = 79.5%

b. No = 20.5%

#### **Certified Nurse Midwives--CNM**

- 1. CNMs report the following years of CNM clinical experience.
  - a. Less than 3 years = 18%
  - b. 3 to 6 years =9%
  - c. 7 to 10 years = 23%
  - d. 11 to 15 years = 5%
  - e. More than 15 years = 45%
- 2. CNMs reported the following years of experience as an RN before becoming CNMs.
  - a. 0 years, graduated as direct CNM program = 9%
  - b. 1 year or less= 0%
  - c. 1 to 3 years = 9%
  - d. 3 to 5 years = 14%
  - e. More than 5 years = 68%
- 3. CNMs report their national certification provider.
  - a. American Midwifery Certification Board [AMCB] = 54%
  - b. American College of Nurse Midwives [ACNM] = 42%
  - c. Other = 4%
- 4. CNMs report their CNM education program credential used for original license.
  - a. Master's degree = 77.3%
  - b. Post Master's degree certificate = 4.5%
  - c. Doctor of Nursing Practice (DNP) = 13.7%
  - d. Bachelor's with certificate = 4.5%
- 5. CMNs report graduation from 8 different programs in the United States for their CNM education for original license. There are no CNM education programs in Idaho. CNM programs that are represented most frequently in the responses:
  - a. Frontier University = 42%
  - b. University of Utah = 39%
  - c. All other universities = 19%

- 6. CNMs report their highest level of education.
  - a. Master's Degree in Nursing = 68%
  - b. Doctor of Nursing Practice [DNP] = 23% [represents 9 CNMs]
  - c. Doctor of Philosophy [PhD] = 9%
- 7. CNMs report holding an active CNM license in another state.
  - a. Yes = 18.18%
  - b. No = 81.82%
- 8. CNMs report holding an active CNM license in a surrounding state.
  - a. Washington = 4.5%
  - b. Oregon = 4.5%
  - c. Nevada = 0%
  - d. Utah = 10%
  - e. Wyoming = 0%
  - f. Montana = 4.5%
  - g. None of these = 76.5%
- 9. CNMs report their employment.
  - a. Employed by an Idaho based health system = 32%
  - b. Employed by a physician = 32%
  - c. Employed by state government = 10.6%
  - d. Employed by federal government [incl VA & Indian Health] = 5.3%
  - e. Independent Practice = 5% [2 individual CNMs reported]
  - f. Not employed as CNM = 15%
- 10. CNMs reported employment status.
  - a. Full time = 90.5%
  - b. Part time = 9.5%
- 11. CNMs that are employed as CNMs report community of employment setting.
  - a. Rural community = 27%
  - b. Urban Idaho = 73%
- 12. Hospital admitting privileges.
  - a. 64% of CNMs report they have hospital admitting privileges.
  - b. 36% of CNMs do not have hospital admitting privileges.

- 13. Of CNMs who cannot directly admit to a hospital, 71% report they can see and treat patients in the hospital in collaboration with a physician.
- 14. DEA and Controlled Substance licenses are held by 96% of CNMs.
- 15. Opioid prescribing in the previous 12 months was reported by 73% of CNPs.
- 16. CNMs report plans to be practicing in Idaho in 5 years.
  - a. Yes = 78%
  - b. No = 22%

#### **Clinical Nurse Specialist--CNS**

- 1. CNSs report the following years of CNS clinical experience.
  - a. Less than 3 years = 6%
  - b. 3 to 6 years =0%
  - c. 7 to 10 years = 32.5%
  - d. 11 to 15 years = 18.5%
  - e. More than 15 years = 43%
- 2. CNSs report the following years of experience as an RN before becoming CNSs.
  - a. 1 year or less= 0%
  - b. 1 to 3 years = 12%
  - c. 3 to 5 years = 26%
  - d. More than 5 years = 62%
- 3. CNSs report their national certification provider.
  - a. American Nurses Credentialing Center [ANCC] = 90%
  - b. Other = 10%
- 4. In addition to CNS certification, CNSs report also holding additional certifications. Most commonly reported as being Nurse Practitioner.
  - a. Yes = 44%
  - b. No = 56%
- 5. CNSs report their CNS education program credential used for original license.
  - a. Master's degree = 87%
  - b. Post Master's degree certificate = 6.5%

- c. Doctor of Nursing Practice = 6.5%
- 6. CNSs report graduation from 14 different programs in the United States for their CNS education for original license. CNS programs that are represented most frequently in the responses:
  - a. Idaho State University = 45%
  - b. University of Utah = 19%
  - c. Gonzaga University = 3%
  - d. Washington State University = 2%
  - e. All other universities = 31%
- 7. CNSs report their highest level of education.
  - a. Master's Degree in Nursing = 62%
  - b. Doctor of Nursing Practice [DNP] = 20%
  - c. Doctor of Philosophy [PhD] = 18%
- 8. CNSs report holding an active CNS license in another state.
  - a. Yes = 21%
  - b. No = 69%
- 9. CNSs report holding an active CNS license in a surrounding state.
  - a. Washington = 21%
  - b. Utah = 7%
  - c. Montana = 7%
- 10. CNSs report their employment.
  - a. Employed by an Idaho based hospital or health system = 44%
  - b. Employed by a physician = 0%
  - c. Employed by state government = 0%
  - d. Employed by an Idaho School of Nursing = 14%
  - e. Employed by federal government [incl VA & Indian Health] = 2%
  - f. Independent Practice = 23% [Psychiatric Mental Health CNS]
  - g. Not employed as CNS = 17%
- 11. CNSs report their employment locations.
  - a. Rural = 31%
  - b. Urban = 69%
- 12. CNSs report employment status.
  - a. Full time = 69%

- b. Part time = 18%
- c. Not employed = 13%
- 13. CNSs report CNS employment roles.
  - a. Psychiatric Mental Health= 31%
  - b. Other specialty provider role [diabetes, cardiac, wound] = 50%
  - c. Hospital traditional CNS not in a provider role = 13%
  - d. School of Nursing education role = 6%
- 14. DEA and Controlled Substance licenses are held by 44% of CNSs.
- 15. CNSs report plans to be practicing in Idaho in 5 years.
  - a. Yes = 81%
  - b. No = 19%

## 2020 Nurse Demographic Data

Nurse demographics were established using three data sources: (1) the Board of Nursing License Database that contains self-reported information by nurses at the time of their original nursing license application and at the time of renewal; (2) professional nursing association membership data; and (3) data responses to the individual nurse surveys. This data is compared to the data established by the cooperative effort of the National Forum for Nursing Workforce and the National Council of State Boards of Nursing national repository for nurse license and demographic data. Aggregate values are presented.

Diversity of the nursing workforce shows that the Idaho nurse population is consistent with the overall Idaho population. Idaho is consistent with national trends regarding RN gender with 86% female and 14% male, and LPNs with 97% female and 3% male. There are greater percentages of males in APRN roles, specifically NP and CRNA, than in the general RN population.

The pending loss of nurses through retirement was identified in 2018. At that time 37% of RNs were 55 years or older. In 2020 the number of nurses 55 years or older has decreased to 29% (3% older than 65).

Table EIGHT: Idaho Resident Nurse 2020 Demographic Data

Item	LPN	RN	CNP	CRNA	CNM	CNS
Race						
White	3325	18256	1384	431	69	37
Black	12	26	0	0	0	0
Hispanic	43	43	6	0	0	0
Native American	16	8	3	0	0	0
Asian	4	54	7	2	0	2
Age						
20-34	699	3284	204	11	1	0
35-44	684	7485	405	123	24	5
45-54	897	8532	362	163	30	17
55-64	1052	4929	420	127	14	17
65 or older	64	594	9	9	0	1
Basic Education						
LPN Certificate	3396					
Associate		4229				
RN to BSN		3920				
Generic BSN		10238				
Higher Education						
MSN		3412	1205	365	60	30
MA/MS other		231	0	60	0	0
DNP		198	185	8	5	5
PhD nursing		51	0	0	0	5
PhD not nursing		34	7	0	0	0
Other Certificate			3		6	

#### **National Trends for Nursing Workforce Supply Data**



Every two years, the National Council of State Boards of Nursing (NCSBN) collaborates with The National Forum of State Nursing Workforce Centers to produce the national nursing workforce report.

- Nursing is the nation's largest healthcare profession, with more than 3.8
   million RNs nationwide. Of all licensed RNs, 84.5% are employed in nursing.
- The federal government projects that more than 200,000 new RN positions will be created each year from 2016-2026.
- RNs comprise one of the largest segments of the U.S. workforce as a whole and are the largest number of healthcare providers. Nearly 58% of RNs worked in general medical and surgical hospitals, where RN salaries averaged \$50-70,000 per year according to the Bureau of Labor Statistics.
- Employment of RNs is projected to grow 15% from 2020 to 2026, much faster than the average for all occupations. Growth in the RN workforce will occur for a number of reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives.
- With more than three times as many RNs in the United States as physicians, nursing delivers an extended array of healthcare services, including primary and preventive care by nurse practitioners, anesthesia care provided by CRNAs and women's services by certified nurse-midwives.

## **2020 Registered Nurse Education Data**

There are 12 long-established schools of nursing that educate pre-RN license nursing students in Idaho, including 1 private school (Carrington College). A second private school (Eagle Gate) has opened but has not had a graduation. There is one Utah based program (Nightingale) that educates prelicense nurses in Idaho. BYU-Idaho has a BSN program and is a private non-profit school and it is included in the 10 schools with long-established Idaho based programs.

#### IOM Goal of 80% BSN RN Workforce by 2020

One of the 10 goals of the 2010 Institute of Medicine Report on the Future of Nursing was to increase the number of BSN educated nurses in the workforce to 80% by 2020. Idaho professional nursing organizations, schools of nursing, and the Idaho Board of Nursing endorsed this goal, and a Robert Wood Johnson/AARP grant was received by the Idaho Nursing Action Coalition (INAC), and co-sponsored by the Board of Nursing to move Idaho toward this goal. The starting point for Idaho was a 51% BSN workforce. The INAC championed improved articulation agreements between schools for credit transferability, developing a multi-school concurrent enrollment program between Lewis Clark State College and Idaho associate degree programs including those is eastern Washington that supply many nurses to north central Idaho, and robust RN to BSN programs at each baccalaureate school. Idaho has been successful for two reasons, (1) the number of nurses currently retiring are primarily associate degree and new graduates are tending to continue their education from associate degree to BSN almost immediately, and (2) a large number of nurses have completed RN to BSN degrees "on-line" either at Idaho schools or remotely from other states. Idaho has now progressed to a 77.45% BSN prepared resident Registered Nurse workforce.

#### **Idaho Registered Nursing Education Programs**

There are 6 Baccalaureate and 6 Associate Degree programs in Idaho.

- Baccalaureate Degree Programs
  - Boise State University- Generic BSN & RN to BSN
  - Brigham Young University Idaho- Generic BSN & RN to BSN
  - o Idaho State University Pocatello- Generic BSN & RN to BSN
  - Idaho State University Meridian- Accelerated Generic BSN
  - o Lewis Clark State College- Generic BSN & RN to BSN
  - Northwest Nazarene University- Generic BSN & RN to BSN
  - (pending Eagle Gate College)
- Associate Degree Programs
  - North Idaho College
  - College of Eastern Idaho
  - College of Southern Idaho
  - o College of Western Idaho
  - Idaho State University Technical College
  - o Carrington College

#### **Table NINE: 2019 Nursing School Graduations for RN**

Measure- 2019	ISU- Poc	ISU- Mer	BSU	LCSC	NNU	BYUI	NIC	CEI	CSI	CWI	Carr	Total
Generic BSN	77	35	116	78	33	49	0	0	0	0	0	309
Generic ADN	27	0	0	0	0	0	169	47	67	120	52	455
Subtotal new RN												764
RN to BSN	8	0	215	80	4	127	0	0	0	0	0	434
Masters	2				16							16
Masters NP	0	0	17	0	13							30
DNP	2	0	5									7
DNP-NP	12											12
PhD	4							_				4

Table TEN: 2020 Nursing School Graduations for RN (6 month only)

Measure- May 2020	ISU- Poc	ISU- Mer	BSU	LCSC	NNU	BYUI	NIC	CEI	CSI	CWI	Carr	Total
Generic BSN	84	45	59	65	29	57	0	0	0	0	0	309
Generic ADN	29	0	0	0	0	0	34	57	34	44	46	215
Subtotal new RN												524
RN to BSN	5	0	125	34		60						224
Masters	0	0			16							16
Masters NP			19		16							35
DNP	6		7									13
DNP-NP	13											13
PhD	1											1

### 2020 Licensed Practical Nurse Education Data

Licensed Practical Nurses have existed in Idaho since the late 1940's and like RNs, LPN education was originally hospital based and is now at community colleges and universities. LPNs function in all clinical settings, but in recent years they have been utilized more in out-patient, long term care and assisted living settings, homecare, and clinics than in acute care hospitals.

There are 6 LPN certificate programs in Idaho.

- Idaho State University Technical College
- North Idaho College
- College of Eastern Idaho
- College of Southern Idaho
- College of Western Idaho
- Carrington College

**Table ELEVEN: LPN 2019 & 2020 Nursing School Graduations** 

Measure LPN	ISU	NIC	CEI	CSI	CWI	Carrington	Total
2019	37	23	21	24	14	23	142
2020	30	18	28	25	15	24	140

### **2020 Nurse Employment Demand Data**

Demand data is reported from employers of nurses and data from the Department of Labor. It assesses current nurse vacancies and future need. In 2020, Hospitals, Long Term Care, Assisted Living, Home Health and Hospice centers were surveyed. School nursing, public health and Federally Qualified Health Centers (FQHCs) were considered to be constant without significant increases in nursing FTEs during 2019-2020.

In the United States there is a standard ratio of 10.35 RNs per 1,000 population. In 2018 Idaho had 9.3 RNs per 1,000 population which is below the national standard. In 2020 Idaho was again lower than the national standard.

Table TWELVE: 2020 RN ratio per 1,000 Population

	2020 Population	2020 Number RNs	RNs Per 1000 population
Idaho actual		18,387	9.93
Idaho Target	1,826,156	18,900	10.35
Deficit		514	

[source: U.S. Dept of Labor, Bureau of Labor Statistics]

The 2020 employment survey yielded the following information for the 12 months between July 1, 2019 and June 30, 2020.

Hospitals: 38 of 44 Idaho hospitals responded to the Nursing Workforce Survey.

- 64% of Idaho hospitals used a travel Registered Nurse at some time and commonly in more than one area at a time.
- Travel nurse assignments, based on numbers of nurses, were:
  - o 25% Intensive Care Units
  - 37% Surgical Operating Rooms
  - o 6% Recovery Rooms
  - 31% General Medical floors
  - 6% General Surgical floors
  - 12% Neonatal Intensive Care Units
  - 25% Emergency Departments
  - 31% Labor and Delivery
- 53% of hospitals report a need for experienced Operating Room RNs.
- 59% of hospitals report a need for experienced Emergency Department RNs.
- 41% of hospitals report a need for experienced ICU RNs.
- 42% of hospitals do not hire new graduates to the OR, ER or ICU.
- 47% of hospitals report a hire preference for BSN.
- 53% of hospitals report a premium pay differential for BSN.
- 47% of hospitals report a premium pay differential for Certification.
- 56% of hospitals have a new graduate transition to practice program.
- 51% of hospitals have an organized preceptor education program.
- Hospitals reported their average RN replacement costs.
  - o 6% of Idaho hospitals report \$1,500 or less
  - o 30% of Idaho hospitals report \$1,600 to \$5,000
  - 12% of Idaho hospitals report \$5,001 to \$10,000
  - o 12% of Idaho hospitals report \$10,001 to \$15,000
  - 17% of Idaho hospitals report \$15,001 to \$20,000
  - o 23% of Idaho hospitals report \$20,001 or more

• 100% of hospitals responding are willing to offer clinical placement to Idaho nursing schools.

#### **Chief Nursing Officers in Hospitals**

- 83% of hospitals report that the CNO has administrative responsibilities for non-nursing departments.
- CNO turnover remains an issue in Idaho. 28% of CNOs have been in their current role less than 2 years and 70% less than 4 years.

#### **Long Term & Intermediate Care and Assisted Living**

According to the Idaho Department of Health & Welfare, there are over 400 Long Term & Intermediate (LTC) and Assisted Living (AL) Facilities in Idaho. 236 of 400 responded to the 2020 survey or 59%. Of those responding, 56% were Assisted Living and 44% LTC. The majority of facilities responding had at or under 100 beds.

- 3% of LTCs responding had used staffing agency RNs to cover shortages.
- 9% of LTCs responding had used staffing agency LPNs to cover shortages.
- 69% of responses stated they had major difficulty recruiting RNs.
- 63% of responses stated they had major difficulty recruiting LPNs.
- 40% of facilities offered student clinical placement to Idaho nursing schools.
- 44% of facilities did not hire new graduate RNs in 2019 or 2020.
- 36% of facilities did not hire new graduate LPNs in 2019 or 2020.
- 12% of facilities employ a Nurse Practitioner, and 63% have external NPs round on patients.
- Major issues reported:
  - Southwest Idaho has a major shortage of LPNs that can be hired to work in LTC and Assisted Living.
  - Rural communities expressed concerns that the LPNs they employ are older and will retire within the next 5 years, and there are no LPNs seeking jobs in LTC to replace them.
  - o All areas stated that certified nursing assistants were difficult to find.

#### **Nurse Salaries in Idaho**

Data is reported for LPN staff and RN staff and manager positions for hospitals and clinics by regions of the state. Salaries are aggregate ranges. Critical access hospitals (CAH) salary data represents statewide ranges and averages for all hospitals reporting. Regional data is inclusive of both community and critical access hospitals. (Idaho Hospital Association annual survey aggregate report, 2020)

Table THIRTEEN: 2020 Nurse Salaries in Idaho

Registered Nurse Role	Min	Max	Ave. Actual
Hospital Staff Nurse - Statewide	\$26.90	\$42.30	N/A
Hospital Staff Nurse - CAH	\$26.72	\$41.38	\$32.54
Hospital Staff Nurse - Southeast	\$25.58	\$40.42	N/A
Hospital Staff Nurse - Southwest	\$27.20	\$44.23	N/A
Hospital Staff Nurse - North	\$28.86	\$43.59	N/A
Clinic RN – Statewide	\$25.17	\$39.28	N/A
Clinic RN – CAH	\$24.85	\$32.79	\$32.87
Clinic RN - Southeast	\$23.74	\$37.46	N/A
Clinic RN - Southwest	\$26.45	\$41.99	N/A
Clinic RN - North	\$25.97	\$39.06	N/A
Operating Room Nurse - Statewide	\$27.01	\$42.92	N/A
Operating Room Nurse - CAH	\$27.13	\$42.68	\$34.06
Operating Room Nurse - Southeast	\$25.95	\$41.58	N/A
Operating Room Nurse - Southwest	\$27.00	\$42.85	N/A

Operating Room Nurse - North	\$29.14	\$45.66	N/A			
Emergency Room Nurse - Statewide	\$26.62	\$41.55	\$33.62			
Emergency Room Nurse - CAH	\$26.64	\$40.23	\$34.00			
Emergency Room Nurse - Southeast	\$26.03	\$40.55	N/A			
Emergency Room Nurse - Southwest	\$26.99	\$42.74	N/A			
Emergency Room Nurse -North	\$27.21	\$41.64	N/A			
RN Un	it Managers					
Nurse Manager - Statewide	\$42.88	\$63.98	\$53.48			
Nurse Manager - CAH	\$40.03	\$60.58	\$48.63			
Nurse Manager - Southeast	\$37.12	\$57.64	N/A			
Nurse Manager - Southwest	N/A	N/A	N/A			
Nurse Manager - North	\$46.96	\$66.94	N/A			
Licensed Practical Nurses						
Hospital LPN - Statewide	\$17.25	\$25.21	\$21.88			
Hospital LPN - CAH	\$16.90	\$24.50	\$20.37			
Hospital LPN - Southeast	\$17.02	\$24.76	\$20.87			
Hospital LPN - Southwest	\$17.12	\$25.29	N/A			
Hospital LPN - North	N/A	N/A	N/A			
Clinic LPN - Statewide	\$17.07	\$25.34	\$21.63			
Clinic LPN - Southeast	\$16.89	\$24.99	N/A			
Clinic LPN - Southwest	\$17.85	\$26.69	N/A			
Clinic LPN - North	\$16.80	\$24.92	N/A			

A historical recruitment issue impacting the retention of Idaho nurses to remain in Idaho has been salary. Younger nurses, often not married, have traditionally migrated to Portland and Seattle because of their medical centers and graduate programs. In 2018 Idaho reported significant salary changes for nurses. Idaho went from the lowest paid of all surrounding states to 3<sup>rd</sup> ranked. Today, surrounding states have increased nurse salaries and only the areas of Wyoming, Montana, rural Washington and rural Nevada have a lower salary range than Idaho.

Table FOURTEEN: 2020 RN and LPN Average Salaries in Surrounding States

Green=Less pay than Idaho Blue= More pay than Idaho

Ranking	State	Staff RN	Staff RN	LPN	LPN
		hourly	annual	hourly	annual
6	IDAHO	\$34.60	\$71,968	\$21.88	\$45,510
1	Washington-				
	metro	\$43.77	\$91,041	\$25.47	\$52,987
7	Washington rural	\$34.26	\$71,260	\$21.35	\$44,400
2	Oregon overall	\$42.67	\$88,770	\$24.19	\$51,040
4	Eastern				
	Oregon rural	\$36.97	\$73,320	\$24.53	\$47,160
3	Nevada metro	\$40.86	\$84,980	\$26.10	\$54,288
10	Nevada rural	\$26.02	\$54,130	NA	NA
5	Utah overall	\$35.79	\$74,443	\$22.64	\$47,100
8	Wyoming	\$34.41	\$71,570	\$22.49	\$46,780
9	Montana	\$31.87	\$66,280	\$20.52	\$42,690

sources:

U.S. Dept of Labor, Bureau of Labor Statistics. Available at: <a href="https://www.bls.gov/oes/current/oes291151.htm#st">https://www.bls.gov/oes/current/oes291151.htm#st</a>

Nurse Salary Guides National Data, available at <a href="https://nursesalaryguide.net">https://nursesalaryguide.net</a>

#### FUTURE EMPLOYMENT DEMAND FOR REGISTERED NURSES

There are issues that impact the future demand for RNs.

Aging of the current Idaho RN workforce: 29.3 % of RNs are age 55 or older, down from 37% in 2018, while the overall number of resident RNs has decreased by 611. Thus, we do see the retirement impact and the 2018 mitigation to increase student graduations has helped meet the replacement need, but not totally.

Increased population by migration into Idaho: census projections show the number of current in-migration to Idaho is by people over age 55 years. This group often has more health demands than a younger population and thus more impact on the need for nurses. The Idaho census is projected to increase over the next 5 years to 1.9 million in 2025 because of migration.

Many of these pre-retirees migrating to Idaho bring an elderly parent to Idaho within 2 years of their move. This increases the demand for assisted living, long term care and other healthcare services.

Limitations on current education programs to increase numbers of graduates exist because of limited clinical facilities and a lack of qualified faculty. Currently Idaho schools of nursing have more applicants for admission than they have available space for student admissions. The application range is 7-10 qualified candidates per admission slot, which has remained consistent for the past 6 years.

Based on these 4 issues, table 15 demonstrates the projected annual nurse employment demand requirement. The formula for this calculation uses an actuarial incremental decay methodology to determine the number of expected nurse retirements for those nurses currently older than 55 years. It also considers additions to the workforce by new graduates with a given historical percentage that graduate and leave Idaho without entering the workforce. It assumes that retention rates of incumbent nurses in the workforce remains at current levels and current Idaho growth and demand projections continue.

Idaho fails to produce and maintain sufficient numbers of RNs to meet demand that is created by population and to compensate for baby-boomer retirements until 2025.

**Table FIFTEEN: 5-Year RN Employment Demand vs. Resources** 

Year	Population	Employment Demand	Age>	Projected graduations	Available	+/-
2020	1,826,156	18,901	5,523	Included	18,378	-523
2021	1,846,243	19,901	5,026	700	18,581	-528
2022	1,866,552	19,319	4,529	775	18,859	-460
2023	1,866,552	19,531	4,032	850	19,212	-319
2024	1,907,842	19,746	3,535	925	19,640	-106
2025	1,928,828	19,963	3,038	1,000	20,143	+180

# FUTURE EMPLOYMENT DEMAND FOR LICENSED PRACTICAL NURSES

There are 3,094 LPNs in the workforce compared to 3,025 in 2018, an increase of 69 LPNs. Aging of the current LPN workforce shows that 36 % of LPNs are older than 55 years. However, we do not see the retirement impact that was predicted in 2018 .

Increased population by migration into Idaho has resulted in increased job demand in Long Term Care and Assisted Living. Currently there are 302 open LPN positions reported throughout Idaho. The shortage of LPNs in this employment sector has been compounded by both an increase in patient demand and an unintended consequence of the Affordable Care Act, which has resulted in earlier discharges from acute care hospitals to rehabilitation and home care. Often these patients have intravenous medications that cannot be managed by certified nurse aides and medical assistants. LPNs are being recruited for these roles and that has placed some competition for staff between these employment groups.

Like nursing education programs for RNs, LPN programs face the same issues of clinical placement and low faculty salary that result in limitations placed on enrollments. LPN faculty are required to be RNs with graduate degrees in nursing.

Table 16 demonstrates the projected annual LPN employment demand requirement using the national average of 1.9 LPNs per 1000 population. The formula for this calculation uses an actuarial incremental decay methodology to determine the number of expected nurse retirements for those nurses currently older than 55 years. It also considers additions to the workforce by new graduates with a given historical percentage that graduate and leave Idaho without entering the workforce. It assumes that retention rates of incumbent nurses in the workforce remains at current levels and current Idaho growth and demand projections continue.

**Table SIXTEEN: 5-Year LPN Employment Demand vs. Resources** 

Year	Population	Employment Demand	Age>	Projected graduations	Available	+/-
2020	1,826,156	3470	1113	included	3094	-376
2021	1,846,243	3508	1057	140	3178	-330
2022	1,866,552	3546	1001	140	3262	-284
2023	1,866,552	3546	945	140	3346	-200
2024	1,907,842	3625	900	140	3430	-195
2025	1,928,828	3665	855	140	3514	-151

#### NURSING WORKFORCE SUMMARY

Following the 2018 Workforce Report, two statewide stakeholder meetings were sponsored by the Idaho Center for Nursing and the media reported the information statewide. All healthcare provider groups, professional associations, all schools of nursing, and the Idaho Board of Nursing met to discuss the report and to craft mitigation strategies impacting the pending shortage of nurses throughout Idaho.

#### **Resolved and Sustained Outcomes:**

Outcomes of this report and the stakeholder meetings that were implemented and monitored over the past two years are:

- (Sept. 2020) There are 27,010 licensed RNs in Idaho, including 2,711
  APRNs. Removing APRNs and non-residents, there are 18,387 RN for
  the nursing workforce, which is 611 fewer nurses than in 2018. Of this
  number, approximately 1,000 are not employed and not seeking
  employment.
- 2. There are 3,716 LPNs in Idaho and 3,094 are available. Less than 200 are not employed.
- 3. Clinical partnerships between organizations that employ nurses and education institutions are essential to expand clinical facilities and in most cases student capacities were facilitated. Needless to say, the impact of the Coronavirus Pandemic has limited clinical facility use and the expense, supply and use rate of personal protective equipment (PPE) has also negatively impacted clinical site availability.
- 4. Schools did increase student enrollment based on expanded clinical facilities and available faculty, but the overall statewide target increase could not be achieved.
- 5. Throughout Idaho, healthcare facilities and schools worked together through clinical placement committees/work groups to facilitate cooperation and parity to facilitate the learning needs of student nurses.
- 6. Non-traditional clinical hours were utilized to increase student numbers. An example is BSU using an evening and night shift clinical rotation.
- 7. Nurses and employers engaged with legislators to discuss the issues facing the Idaho nursing workforce. In October 2020, the Governor's appointed Healthcare Transformation Council of Idaho (HTCI) approved a Task Force to develop a rural nurse loan repayment program to promote new graduate registered nurses to seek employment in rural communities in Idaho.
- 8. Employers focused on retention efforts to retain incumbent staff.

  During the initial months of the coronavirus pandemic, some hospitals

- maintained staff salaries and benefits even when patient census was low and staff stayed home.
- 9. A target increase in the number of students needed to graduate each year to replace retiring nurses and increased demand from population growth needs was calculated and each school addressed enrollment increases as much as they could support.
- 10. Credit articulation between the associate degree programs and the baccalaureate programs at state schools is fully in place and thus the costly repeating of courses has been eliminated.
- 11. A concurrent enrollment program (recommended as an outcome of the Robert Wood Johnson/AARP Future of Nursing Grant) whereby an associate degree student at a community college can be enrolled during their last semester in the baccalaureate program at Lewis Clark State College has been successful between multiple schools and has increased the number of RNs with a BSN.

#### Issues for Future Discussion and Resolution

Problems that were identified and discussed by the stakeholder groups, but have not yet been fully implemented or that lack a consistent resolution are:

- 1. Because there are more qualified students applying for admission to existing nursing programs in Idaho than can be accommodated, this pool of potential students has been identified by for-profit nursing schools that are opening in Idaho. While the number of potential students supports their business plan and it offers students a means to attain their nursing education goal, it poses a conflict for accessing limited clinical facilities and hiring faculty.
- 2. Family Nurse Practitioner students at ISU, BSU and NNU have increased clinical placement problems because of the policy at the Idaho College of Osteopathic Medicine to pay for clinical placement time and Idaho state schools do not pay for clinical time. This could be an issue because two-thirds of all primary care in rural Idaho is provided by a Nurse Practitioner.

- 3. Nursing faculty salaries are much lower than what clinical nurses can make, and faculty are required to have a minimum of a master's degree in nursing, with most holding a doctorate degree. The salary of a hospital staff RN with an associate degree is comparable to a new nursing assistant professor with a doctorate degree.
- 4. Developing joint appointment faculty so that qualified nurses in hospitals, clinics, home health, public health and long term care can remain employed by clinical agencies, while being freed for time to serve as clinical faculty to assist schools with increased enrollments continues to need attention.

-End Report-